

Entered -12/29/99 - sb CL99L0893 - DIANNE C. MITCHELL & -0147

CLAIM OF: STATE FARM INSURANCE OF PAMELA DENT COMPANIES AS SUBROGEE

Duluth, Georgia 30098-0001 11350 Johns Creek Parkway

of a vehicular accident on August 5, 1999 at Harwell and Kingston Roads. For damages alleged to have been sustained as a rest

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

Claims, Department of Law. account 1A01/529017/T31001, Settlement of Suits and within claim; said sum taken from and charged to Kingston Roads as is more particularly set forth in the vehicular accident on August 5, 1999 at Harwell and alleged to have been sustained as a result of a and future, of every kind and character for damages settlement and satisfaction of all claims, past, present PAMELA DENT the sum of \$1,000.00 in full INSURANCE COMPANIES AS SUBROGEE OF approved in authorizing payment to STATE FARM Atlanta that the action of the Department of Law be BE IT RESOLVED by the Council of the City of

APPROVED: SUSAN PEASE LANGFORD CITY ATTORNEY



APPRO

MAR - 1 2000

WITHOUT SIGNATURES
BY OPERATION OF LAW

DEPUTY CITY AFFEBERY 1000lind 1 Kuber

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**AERTHEIE** 

COUNCIL



#### MUNICIPAL CLERK ATLANTA, GEORGIA

00-R-0147

A RESOLUTION

BY PUBLIC SAFETY & LEGAL ADMINISTRATION COMMITTEE

BE IT RESOLVED BY the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to State Farm Insurance Companies as subrogee of Pamela Dent the sum of \$1000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character, for damages alleged to have been sustained as a result of a vehicular accident on August 5, 1999 at Harwell and Kingston Roads as is more particularly set forth in the within claim; said sum taken from and charged to Account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

A true copy,

Khonda Naughin Johnson Municipal Clerk, CMC ADOPTED by the Council
RETURNED WITHOUT SIGNATURE OF THE MAYOR
APPROVED as per City Charter Section 2-403

February 21, 2000

March 01, 2000

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0893	Date: February 3, 2000
Claimant /Victim PAMELA DENT	
DV: (Inc. Co.) State Form Incurence Companies	
BY: (Ins. Co.) State Farm Insurance Companies Address: 11350 Johns Creek parkway, Dulu	th Coordin 20009 0001
Subregation: V Claim for Departs damage \$ 2.0	07.49 Dodily Injury C
	97.48 Bodily Injury \$
Conformate Nation O.C.A. \$26.22.5	en, proper X Improper
Conforms to Notice: O.C.G.A. §30-33-3 X	Ante Litem (6 Mo.) X
	Harwell and Kingston Roads
Department Police Bureau:	Division
Employee involved	_ Disciplinary Action:Pending
NATURE OF CLAIM: The driver of the City vehicle baamount.	cked into the claimant's vehicle causing damages in the above
INVESTIGATION:	
Statements: City employee Claimant	Others Oral
Pictures Diagrams Reports: Police _	X Dept Report Other
Traffic citations issued: City Driver X	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
DASIS OF RECOMMENDATION.	
Function: Governmental X	Ministerial
Improper Notice More than Six Months	Ministerial Damages reasonable
City not involved Offer rejecte	d Compromise settlement X
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent X	Joint Claim Abandoned
	Respectfully submitted,  ILLUMINE C. MITCHELL
RECOMMENDATION:	
Paul 1 000/00	account charged, 1401 V 2101 21101
	ccount charged: 1A01 X 2J01 2H01 2H01
Claims Manager:	Concur/date <u>DD-338</u>
Committee Action:	Council Action

FORM 23-61

# State Farm Insurance Companies



December 8, 1999

ENTERED - 12-29-99 - SB 99L0893 - DIANNE MITCHELL

RECEIVED DEC 2 9 1999 Auto Claim Central - Subrogation U

City of Atlanta 675 Ponce De Leon Avenue Atlanta, GA 30308

Mitchell 12/29/99

RE: Our Claim Number:

Our Insured:

Date of Loss: August 5, 1999 Total Amount of Loss: 2097.48

Our Payment:

Insured's Payment: Your File Number:

Your Policy Number:

Your Insured:

City of Atlanta

11-3326-205

Pamela Dent

1772.03

325.45

675 Ponce De Leon Avenue

Atlanta, GA 30308

Driver of Your Vehicle: Jeffrey Hensol

#### SUBROGATION CLAIM

We have been informed that you are the insurance carrier for the party designated as your insured in the caption of this letter.

Our investigation establishes that your insured was responsible for the damage to our policyholder's vehicle as a result of the accident on the date indicated.

Please accept this letter as a notice of our subrogation rights and communicate with us in regard to your position in the matter.

If you have any questions, please call us at the number below between the hours of 7:00 A.M. and 5:00 P.M. Monday through Friday. Whenever you call, anyone on our team will be available to assist you.

Sincerely,

Cindy Usher, Team 13

Claim Expediter (770) 418-5285

State Farm Mutual Automobile Insurance Company

# GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 99L0893	\$_1,000.00
IN CONSIDERATION of the sum ofO	ONE THOUSAND AND NO/100
DOLLARS, to be paid to me by the acknowledged, I do hereby, for myself, my heir	e CITY OF ATLANTA, the future receipt of which is hereby s, executors, administrators, and assigns, release and forever
	ncluding but not limited to <u>Jeffery Hensol</u> , from any and all
	lamages, loss and expenses, of whatsoever kind or nature for or
	ed, and particularly for or on account of <u>a vehicular accident</u> day of <u>August</u> , 1999,
which occurred on or about the	day 01
at or near Harwell and Kingston Roads	
admission on the part of the City, its officers, age undersigned further covenants and agrees to indenservants and employees, from any and all claims, agents, servants and employees, may be called upon And I now state that the only consideration of the sum stated above; that no other promise or a	payment of the above named sum is not to be considered as an ents, servants or employees, of any liability whatsoever and the unify and hold harmless the City of Atlanta, its officers, agents, damages or costs which the said City of Atlanta, its officers, on to make as a result of the event hereinbefore referred to.  If or my signing this release and indemnification is the payment agreement of any kind or nature has been made to or with me by
instrument.	ease, and that I fully understand the meaning and intent of this
WITNESS my hand and seal this	31 st day of Jan, 19 2000.
	STATE FARM INSURANCE COMPANY AS SUBROGEE OF PAMELA DENT
The above release was read and explained	
	in our presence on the date above written.
	Frankelynn Sarner
	Calette tickhow
•	Witnesses

RCS# 1771 2/21/00 2:37 PM

#### Atlanta City Council

### Regular Session

CONSENT AGENDA PAGES (1 - 9)

ADOPT

YEAS: 15
NAYS: 0 SEE ATTACHED LISTING OF

00-R-0020

ABSTENTIONS: 0 ITEMS ADOPTED/ADVERSED

NOT VOTING: 1 ON CONSENT AGENDA EXCUSED: 0

EXCUSED: 0
ABSENT 0

Y McCarty Y Dorsey Y Moore Y Thomas Y Starnes ITEMS REMOVED FROM Y Woolard Y Martin Y Emmons Y Bond Y Morris **CONSENT AGENDA** Y Maddox Y Alexander Y Winslow Y Muller Y Boazman NV Pitts 00-0-0122 00-0-0123 00-R-0202

00-O-0212 – Councilmember Boazman Abstained

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# ITEMS ADOPTED ON **CONSENT AGENDA**

# 1. 99-0-2072

- 2. 99-0-2073
- 3. 00-0-0127
- 4. 00-0-0124
- 5. 00-O-0126
- 6. 00-O-0066
- 7. 00-O-0125
- 8. 00-O-0211
- 9. 00-O-0212 \*
- 10. 00-O-0213
- 11. 00-O-0207
- 12. 00-R-0220
- 13. 00-R-0196
- 14. 00-R-0209
- 15. 00-R-0180
- 16. 00-R-0176
- 17. 00-R-0174
- 18. 00-R-0145
- 19. 00-R-0146
- 20. 00-R-0147
- 21. 00-R-0148
- 22. 00-R-0149
- 23. 00-R-0150
- 24. 00-R-0151
- 25. 00-R-0152
- 26. 00-R-0153
- 27. 00-R-0154
- 28. 00-R-0155
- 29. 00-R-0156
- 30. 00-R-0157
- 31. 00-R-0158
- 32. 00-R-0159
- 33. 00-R-0160

# 02/21/00 Council Meeting ITEMS ADVERSED ON **CONSENT AGENDA**

- 34. 00-R-0161
- 35. 00-R-0162
- 36. 00-R-0163
- 37. 00-R-0164
- 38. 00-R-0165
- 39. 00-R-0166
- 40. 00-R-0167
- 41. 00-R-0168
- 42. 00-R-0169
- 43. 00-R-0170
- 44. 00-R-0171
- 45. 00-R-0172
- 46. 00-R-0173
- 47. 00-R-0175

<sup>\*</sup> Councilmember Boazman abstained from voting on item 00-O-0212.